REQUEST FOR A SINGLE-SUM PAYMENT



FROM RETIREMENT PLAN FUNDED BY A

TIAA GROUP ANNUITY CONTRACT (DEFINED BENEFIT PLAN)

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Print in uppercase using	1. PROVIDE YOUR INFORMATION				
black ink.	Title	First Name			Middle Initial
IMPORTANT: A full Social					
Security Number/Taxpayer Identification Number is required to process your request.	Last Name				Suffix
If you claim residence AND citizenship outside the U.S., you must complete Form W-8BEN in addition to this form to certify your foreign tax status. To print the W-8BEN form, go to TIAA.org/forms , and scroll to Find tax forms.	Social Security Number/ Taxpayer Identification Number Date of Birth (mm/dd/yyyy) Separation From Service Date (mm/dd/yyyy)				
Please use this form to	State of Legal Re		Citizenship (if	not II C)	
request a single-sum	(ii outside the 0.S., v	write in Country of Residence)		not 0.5.)	
payment from the retirement plan indicated below. Before					
completing this form, be	Address				
sure to read the "Special					
Tax Notice Regarding Plan Payments."	City			State Zi	o Code
	-				
	Contact Telephone Number Contact Evening Telephone Number				
				uninei	

2. RETIREMENT PLAN INFORMATION

Institution Name

Retirement Plan Name





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Complete Section 3 or 4 if you would like to roll over the taxable portion of your payment directly to a Traditional or Roth IRA or to an eligible retirement plan. We'll report the payment to the IRS as a rollover. Unless you request otherwise, any after-tax contribution you made to the plan will be sent directly to you. If you elect to rollover your payment to a Roth IRA, be sure to complete Section 5, Tax Withholding for you Roth IRA Rollover.	3. ROLL OVER MY PAYMENT TO ANOTHER INVESTMENT COMPANY Investment Company Name Account Number Contact Telephone Number Investment Company Address Investment Company Address City State Zip Code Please indicate the type of account set up to receive these funds: Traditional IRA Roth IRA Other (provide IRC section):				
 * If you're rolling over your funds to a TIAA account, please provide your account number at the right. We'll invest your funds using the allocation instructions on file. If you need to open a new TIAA IRA, please call us. If you elect to roll over your payment to a Roth IRA, be sure to complete Section 5, Tax Withholding for you Roth IRA Rollover. 	4. ROLL OVER MY PAYMENT TO ANOTHER TIAA ACCOUNT What type of account are you rolling over to? (Choose only one and provide account number.) My existing employer's plan* TIAA Number CREF Number Plan Name (Contributing Employer's Plan) My existing TIAA Roth or Traditional IRA* TIAA Number CREF Number A new TIAA Roth or Traditional IRA (Check here and attach enrollment form. Call us for form.) Another TIAA account* TIAA Number CREF Number				





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5. TAX WITHHOLDING FOR YOUR ROTH IRA ROLLOVER (CHECK ONE)

If you're rolling over to a Roth IRA, you may owe taxes on your pretax amount. If you want federal taxes withheld from the pretax amount you're converting to a Roth IRA, make a federal withholding election below.

VOLUNTARY FEDERAL WITHHOLDING FOR YOUR ROLLOVER TO YOUR ROTH IRA

For a rollover to a Roth IRA, in accordance with IRS guidance, TIAA will not withhold amounts for federal tax purposes unless you complete a W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. If you desire federal withholding, please check the box below to agree to voluntary withholding:



I hereby notify TIAA that I will provide a substitute federal form W-4R Withholding Certificate, and I will voluntarily elect federal withholding by entering a rate between 0% and 100% on such form.

I understand that if I do not complete and submit a federal form W-4R Withholding Certificate to TIAA with this transactional form, TIAA will not withhold federal withholding.

STATE TAX WITHHOLDING ELECTION

State income tax withholding may be required from your rollover distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note that the state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to TIAA.org/public/tax-withholding. Call TIAA if you have any questions at 800-842-2252.

6. TAX WITHHOLDING FOR YOUR CASH WITHDRAWAL (CHECK ONE)

For federal tax purposes, cash withdrawals are rollover-eligible distributions. For a rollover-eligible distribution, TIAA is required to withhold the default rate of 20% for federal taxes unless your payment is being directly rolled over to another tax-deferred account.

I hereby notify TIAA that I decline to provide a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I understand that federal withholding will be withheld at the default rate of 20%.



I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am making a federal withholding election of a rate greater than the default rate of 20% as indicated on my substitute federal form W-4R Withholding Certificate.

STATE TAX WITHHOLDING FOR YOUR CASH WITHDRAWAL

State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note that the state may allow you to elect not to have withholding applied, to choose additional withholding or to specify the rate of withholding. For more information on state tax withholding, go to TIAA.org/public/tax-withholding. TIAA if you have any questions at 800-842-2252.



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7. PROVIDE PAYMENT INSTRUCTIONS

- **OPTION 1: Direct Deposit to my verified bank account**
 - Please provide the bank account information you previously verified with TIAA to request a direct deposit.

If the account has not been verified, follow the steps in the next section. Once this has been completed and TIAA has verified the bank account, please provide the information below.

Name		Account Numbe ending in		

Checking Account

F

Savings Account

OPTION 2: Mail a check to my current address on file

Note: To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days.

8. ADD BANK ACCOUNTS FOR ELECTRONIC TRANSFERS FOR PERSONAL BANK ACCOUNT AND ESTATE, TRUST AND THIRD-PARTY ACCOUNTS

TIAA must verify your bank account information before making any electronic payments to you. Based on the type of account to be used, follow the instructions below.

NOTE: If any of the items specified below in Option 1 or 2 are missing, we will send your payment by check to the current address on file. To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days.

OPTION 1: PERSONAL BANK ACCOUNT

In many instances, personal bank accounts can be verified immediately using your bank routing and account numbers. Have this information ready before you start. To verify your bank account information, TIAA offers the following options:

1. Add a bank account online (best option)

- Log in to TIAA.org
- Click the Actions tab
- Click Manage external accounts
- Click Add New Account and follow the instructions on the screen

OR

- 2. Verify an account by phone
 - Call TIAA at 800-842-2252, weekdays, 8 a.m. to 10 p.m. (ET)
 - Explain that you would like to verify a bank account
 - Provide the account type, bank routing number and account numbers
 - TIAA will process your request

Account verification often is completed quickly. In some cases, however, we may need to verify your account using test deposits. This may take one or two business days to complete, and you will be guided on any actions you may need to take.





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OPTION 2: ESTATE, TRUST AND THIRD-PARTY ACCOUNTS

For accounts not owned directly by a TIAA customer, documentation is needed to verify transfer authorizations. In these cases, please provide the necessary information as noted below:

1. Send by mail, or upload a photo of, an original voided check with this form. Starter checks, deposit slips and third-party checks are not acceptable.

OR

2. Send by mail, or upload, an original letter from your bank on bank letterhead providing:

- Name of the account
- Address on the account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)
- Authorized signers for the account
- Signature of the financial institution's representative, confirmed by the financial institution's notary; or, it must be a signature guarantee including the stamp or seal from the financial institution's authorized representative.





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9. YOUR AGREEMENT AND SIGNATURE

By signing, I authorize TIAA to send my payment directly to an IRA or eligible employer plan if I so indicated; if my withdrawal is not directly rolled over to an IRA or an eligible employer plan, 20% of the taxable portion of my withdrawal will be withheld for federal income taxes. (State income taxes also may apply.)

If I elected to receive my payment as an electronic funds transfer (EFT), I authorize TIAA to deposit my payment to my account at the bank stated in Section 7. I also authorize the bank to charge my account and to refund any overpayments to TIAA. My bank is released from any liability to TIAA for overpayments above the amount of funds available in my account at the time TIAA requests a refund. **To verify this information**, I have attached a voided or cancelled check from my account.

If I am a non-resident non-citizen of the United States, I acknowledge that the below tax certifications do not apply to me. I have provided TIAA with an IRS Form W-8BEN within the last three years or will submit a W-8BEN prior to requesting a distribution from this account. I acknowledge that I must have a W-8BEN on file to request a distribution.

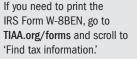
Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Your Signature

Today's Date (mm/dd/yyyy)								
	/		/	2	0			

IMPORTANT NOTE CONCERNING SPOUSAL RIGHTS

If you participated in the retirement plan of a private employer any time after August 23, 1984, federal law gives your spouse certain rights to your pension benefits. If you're married, your spouse must provide written consent for you to take this single-sum payment. Either the plan representative or a notary public must witness your spouse's signature. If you're not married, your marital status must be confirmed by your employer's plan representative. Complete the "Spouse's Waiver of Qualified Joint and Survivor Annuity" form. (Exception: If the value of your payment is \$5,000 or less, spousal consent may not be required.)



Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience.

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FRAUD WARNING

FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE/WARNING REQUIRED BY MANY STATES

This notice/warning does not apply in New York.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.

Colorado residents, please note: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Virginia and Washington, D.C., residents, please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

